

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1319 Pacific St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
In this community 30 years.

3. (a) PRINT FULL NAME Catherine A. Bachman

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George A. Bachman 6. (c) Age of husband or wife if alive 25 years 1864 (Day) (Year)  
7. Birth date of deceased April (Month) 25 (Day) 1864 (Year)

8. AGE: Years 77 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name William O'Malluy  
13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine ???  
15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant August Bachman  
(b) Address 1807 S. 11th St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 29, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet Cem't

18. (a) Signature of funeral director Herman W. Sidenfaden  
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Jan. 28, 1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1319 Pacific St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th  
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 15 to Jan 23 1942  
that I last saw her alive on Jan 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneum. Duration 1-15/42

Due to 10/1

Due to

Other conditions Ch. Myocard -  
(Include pregnancy within 3 months of death) Emphysema

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Frank W. Sidenfaden (M. D. or other)  
Address 620 Francis Date signed 1/27/42

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Elbert R. Harrington*  
3258

Licensed Embalmer No.....

P. O. Address.....

*St. Joseph, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**